U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under PL 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

E READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
1 File Number U 13 453	2 Fiscal Year Covered From	
	1 / 2004 Through 12 / 81 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name John E Parish	Name Transportation Union IND Local 49	
	Labor Organization File Number 036-447	
PO Box Bldg Room No if any	P O Box Building and Room Number If any	
Street 140 Mount Savage Drive	Street PO Box 833	
City Ashland	City South Shore	
State Kentucky ZIP Code + 4 41101	State Kentucky ZIP Code + 4 41175	
5 Position in labor organization		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) wire monetary value from an employer whose employees your organic		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
PO Box Bidg Room No if any	7 b Amount	
Street	7 D Allouis	
City		
State ZIP Code + 4		
	Signature	
	halty of Perjury and other applicable penalties of the law that all of the information	

15 Signature and ventication The undersigned declares under penalty of		
submitted in this report (including the information contained in any accompanium undersigned s knowledge and belief true correct, and complete (See the signal contained in any accompanium true correct, and complete (See the signal contained in any accompanium true).		
undersigned a knowledge and belief true correct, and complete (See the s	ecuon on penades in the instruc	uoris)
$I \cap I \cap I$		
Signed John & Parish	- 11/10	606-325 8618
Signed Jaken C Jarrak	On //-/0-09	606-325 8618

Telephone Number

Name of Person Filing John Parish		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	tion		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	11 a Nature of such deali 11 b Approximate dollar valu 12 a Nature of interest hel	ue of such dealing		
	12 b Amount			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Harrington, Thompson; Acker & Harrington, Ltd. Trade Name if any PO Box Bldg Room No if any	Salary and reimbursed expenses as an investigator for the law firm of Harrington, Thompson, Acker & Harrington, Ltd See Attached			
Street 310 S Michigan Ave Ste 2000 City Chicago State Illinois ZIP Code + 4 60604	14 b Amount of payment			
13 b Is the Business an Employer X or Consultant ?			35,826 82	

2004 Jack Parish

Date	Amount
Salary	
03/15/04	825
03/31/04	825
04/15/04	825
04/30/04	825
05/15/04	825
05/31/04	825
06/15/04	825
06/30/04	825
07/15/04	825
07/31/04	825
08/15/04	825
08/31/04	825
09/15/04	825
09/30/04	825
10/15/04	825
10/31/04	825
11/15/04	825
11/30/04	825
12/15/04	825
12/31/04	825
12/31/04	4000
	00500
	20500

Reimbursed expenses as an investigator

03/11/04	1395 41
04/14/04	1573 65
05/13/04	1450 49
06/17/04	₋ 1013 13
08/04/04	2101 84
08/16/04	1359 17
09/30/04	838 55
10/21/04	1110 84
11/22/04	1515 97
12/15/04	1513 1
12/15/04	1454 67
	15326 82
	=======
TOTAL	35826 82